

NOTICE OF CONTRACTING OPPORTUNITY AND
APPLICATION FOR NAVY CONTRACT POSITION
GASTROENTEROLOGIST
MAY 07, 2001

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATION IS 3:00 PM EST ON OR BEFORE MAY 25, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
CODE 02, Ms. Kathyann Guertin
1681 Nelson Street
FORT DETRICK, FREDERICK, MD 21702-9203
PH: 301-619-2464

A. NOTICE: This position is set aside for an individual Gastroenterologist. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract an individual who holds and maintains a current, active, unrestricted license to practice as a Gastroenterology Physician in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award. (Sections D and E).

You shall serve as a Gastroenterologist providing care and support services to the medical staff, support staff, inpatients and outpatients for the Anesthesiology Department located in the Naval Medical Center, Portsmouth, VA.

You shall be on duty in the assigned clinical areas for up to 40 hours each week. The health care worker shall normally provide 40 hours of service, between the hours of 0730 and 1630, as scheduled, Monday through Friday throughout the term of the task order. Specific shift hours will be scheduled by the Commander or his/her representative. The health care worker shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

Services of the physician shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The health care worker will be compensated by the Government for these periods of planned absences.

You shall ensure completion of services, when required, that extend beyond the normal close of business, the health care worker shall remain on duty in excess of the scheduled shift. An equal amount of compensatory time shall be scheduled accordingly, upon mutual agreement of the health care worker and the Commander.

You shall accrue six hours of annual leave and two hours of sick leave at the end of every 2 week period worked. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK:

NOTE: The use of "Commander" means: Commander, Naval Medical Center, Portsmouth, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

A. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker is serving at the MTF under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. The healthcare worker is not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

B. OTHER WORK ISSUES.

While on duty, you shall not advise, recommend or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from you when they are not on duty, or from a partner or group associated in practice with you, except with the express written consent of the Commander. You shall not bill individuals entitled to those services rendered pursuant to this contract.

You shall be neat, clean, well groomed, and in an attire suitable for wear in a professional medical organization when in patient care and public areas. The Commander has the final authority in resolving issues regarding appropriateness of attire while performing duties under this contract. All clothing shall be free of visible dirt and stains, and shall fit correctly. Fingernails shall be clean and free from dirt, and hair shall be neatly trimmed and combed. You shall display an identification badge (furnished by the Government) on the right breast of your outer clothing which includes your full name and professional status. Security badges provided by the Medical Treatment Facility (MTF) shall be worn when on duty.

You shall be physically capable of standing for extended periods of time and capable of normal ambulation.

You shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), "Principles of Ethical Conduct for Governments Officers and Employees", and shall also comply with Department of Defense (DOD) and Department of the Navy (DON) regulations implementing this Executive Order.

You ARE NOT prohibited, by reason of employment under this contract, from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practice or other such employment shall not be conducted during those hours in which you are required to render services under this contract. You shall make no use of Government facilities or property in connection with such other employment.

You shall read, write, speak and understand the English language fluently.

C. GENERAL DUTIES AND RESPONSIBILITIES.

Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements.

ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES. You shall:

1. Participate in peer review and performance improvement activities.

2. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
3. Participate in continuing education to meet own professional growth.
4. Maintain an awareness of responsibility and accountability for own professional practice.
5. Participate in the provision of in-service training to clinic staff members.
6. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.
7. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
8. Participate in the implementation of the Family Advocacy Program as directed.
9. Perform limited administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

CLINICAL DUTIES AND RESPONSIBILITIES. Perform a full range of Gastroenterology services for medical staff, support personnel, inpatients and outpatients on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of Gastroenterologist performing similar services. You shall:

1. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.
2. Provide comprehensive consultation, examination, diagnosis, and treatment of gastrointestinal, hepatic, pancreatobiliary, and nutritional diseases.
3. Supervise, perform, or assist in the instruction of, other health care professionals (e.g., diagnostic procedures and minor surgical procedures) in accordance with clinical privileges.
4. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
- 5.. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
6. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
7. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
8. Perform a full range of Gastroenterology procedures (includes, but are not limited to):
 - * Colonoscopy, including biopsy and polypectomy
 - * Diagnostic abdominal laparoscopy (peritoneoscopy), with directed biopsy
 - * Dilation procedures in stomach, small intestine, and colon

- * Endoscopic retrograde cholangiopancreatography (diagnostic), including placement of nasobiliary stent; with sphincterotomy; with dilation; with sphincter of Oddi manometrics; with temporary stent placement; and with permanent wallstent placement
- * Endoscopic ultrasonography
- * Enteral and parenteral alimentation
- * Enteroscopy (sonde or push-type)
- * Esophageal dilation (bougienage, guidewire, TTS balloon)
- * Esophageal stent placement
- * Esophagogastroduodenoscopy, including biopsy
- * Flexible sigmoidoscopy, including biopsy
- * Gastrointestinal motility studies, including esophageal manometry
- * Hemorrhoidal therapy (banding, thermal, other)
- * Intravenous conscious sedation
- * Laser therapy of gastrointestinal lesions
- * Nonvariceal hemostasis, (thermal and injection), both upper and lower GI tract
- * Percutaneous endoscopic gastrostomy
- * Percutaneous liver biopsy
- * Pneumatic dilation (aschlasia)
- * Proctoscopy
- * Rectal manometrics
- * Variceal hemostasis

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Completion of a three-year residency in Internal Medicine from an ACGME (Accreditation Council for Graduate Medical Education) accredited training program or board certified by the American Board of Internal Medicine.
3. Completion of a fellowship in Gastroenterology from an ACGME (Accreditation Council for Graduate Medical Education) accredited training program.
4. Possess Board Certification in Internal Medicine by either the American Board of Internal Medicine (ABIM) or the American College of Osteopathic Internists (ACOI). Providers who were board certified in Internal Medicine after 1990 do not need to maintain Internal Medicine certification provided you currently possess active board certification by ABIM in the specialty of Gastroenterology.
5. Possess Board Certification in Gastroenterology by either the American Board of Internal Medicine (IBIM) or the American College of Osteopathic Internists (ACOI), if fellowship completed before 1 January 2000.
6. Possess a current, unrestricted license to practice medicine in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the US Virgin Islands.
7. Letters of recommendation from two health care professionals. One must be from a supervisor attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
8. Have a minimum of 2 years experience as a Gastroenterologist within the preceding 4 years.
9. Have documentation of current Drug Enforcement Agency (DEA) number.

10. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; or the American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer.
11. Possess current certification in American Health Association Advanced Cardiac Life Support (ACLS).
12. Be eligible for U.S. employment.
13. Represent an acceptable malpractice risk to the Navy.
14. Submit a fair and reasonable price that has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled "Minimum Personnel Qualifications", you will be ranked against all other qualified candidates using the following criteria listed in descending order of importance. The Government reserves the right to conduct interviews with potential candidates. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and Quantity of experience as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.7, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Candidates with experience in a DOD facility as a Gastroenterologist may receive a higher ranking, then,
4. Total Continuing Education hours.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION: The following must be submitted:

1. ____ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
2. ____ A completed Pricing Sheet (Attachment 2)
3. ____ A completed CCR Application Confirmation Sheet (Attachment 4)
4. ____ A completed Small Business Program Representations Form (Attachment 5)
5. ____ Two copies of employment eligibility documentation per Attachment 3.
6. ____ Two letters of recommendations per paragraph D (7) above.

G. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information.

Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid.

You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

If you are awarded the contract, you will be required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66B, Credentials Review and Privileging, detail the ICF requirements for physicians. A copy of this instruction may be obtained from the World Wide Web at: <http://nmimc-web1.navy.mil/bumed/instruct/external/6320.66B.pdf>.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Kathyann Guertin who may be reached at (301) 619-2464.

III. REGULATORY COMPLIANCE REQUIREMENTS

A. HEALTH EXAMINATION

1. The health care workers shall obtain, at contractor expense, a statement from the health care worker's physician or a report of a physical examination within 60 days prior to contract start indicating that the health care worker is free from mental or physical impairments which would restrict the health care worker from providing the services described herein. Health care workers hired after contract start shall be required to provide a physical exam statement or report obtained within 60 days prior to performance of services. The statement must contain the following information: "Having performed a physical examination on the person named below on (insert date), the following findings are true and accurate:

a. (Name of health care worker) is suffering from no physical disability that restricts them from providing services as a (specialty).

b. (Name of health care worker) is not suffering from sexually transmitted or other contagious diseases that restricts them from providing services as a (specialty).

c. (Name of health care worker) has (circle the applicable number):

(1) Received at least three doses of recombinant hepatitis B vaccine currently licensed in the United States, or,

(2) Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,

(3) Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious conviction or medical contraindication only), or,

(4) Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).

d. (Name of health care worker) shows immunity to Measles, Mumps and Rubella (MMR); varicella immune status; and a current PPD reading or evaluation as specified in Paragraph A.4."

Examining Physician
Examining Physician Information:

Name:

Address:

Telephone:

2. Except as provided in Paragraph A.3., below, no medical tests or procedures required by the contract may be performed by the MTF. Expenses for all required tests and/or procedures shall be borne by the contractor at no additional expense to the Government.

3. Further, the health care worker shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commander may deem necessary for preventive medicine, quality assurance, or privileging purposes. These examinations will be provided by the Government. If the contractor chooses, these examinations may be provided by a private physician or dentist at no expense to the Government. Additionally the health care worker must be immunized annually with the influenza vaccine in accordance with the BUMED instruction currently in effect. This vaccine will be provided by the Government. Although this vaccine will be provided by the Government, it may be obtained at other facilities with the cost being borne by the health care worker. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination. If, the health care worker chooses to be immunized by the Government they shall be required to sign a waiver in accordance with MTF rules and regulations. If the health care worker declines the immunization, they must provide documentation of the waiver which declines the influenza vaccine (declination on the basis of religious convictions or medical contraindications only).

4. Prior to the commencement of performance under this contract, the Technical Liaison shall direct the health care worker to in-process through standard facility procedures. Health care workers who have patient contact must show immunity to Measles, Mumps and Rubella (MMR) through: Serological testing which shows sero-positivity to MMR or proof of vaccination (persons born prior to 1957 must have received one dose of MMR vaccine: persons born in 1957 or later must have received two doses of MMR vaccine). The health care worker shall provide evidence of varicella immune status or a statement of history of chicken pox. Additionally, health care workers must provide a current Purified Protein Derivative (PPD) reading, or evaluation if known PPD reactor, on an annual basis. The contractor is responsible for any expenses incurred for required testing.

5. The health care worker shall participate in the Command's Bloodborne Pathogen Program orientation as scheduled by the Senior Medical Department Representative. The health care worker shall also participate in annual training and training for new procedures with the potential for occupational exposure to bloodborne pathogens.

6. Management of HIV positive health care worker shall be consistent with current Centers for Disease Control (CDC) guidelines and Section 503 of the Rehabilitation Act (29 U.S.C Section 793) and its implementing regulations (41 CFR Part 60-741).

7. The health care worker shall comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV during all invasive procedures.

8. The health care worker shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by the health care worker shall be registered with the base security service according to applicable directives. Eating by the health care worker is prohibited in patient care areas and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

9. All financial, statistical, personnel, and technical data which is furnished, produced or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the Technical Liaison. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the Technical Liaison before publication or dissemination.

10. The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations and its outlying facilities. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he or she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

B. CRIME CONTROL ACT OF 1990 REQUIREMENT:

1. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by section 1094 of Public Law 102-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.
2. The Government will conduct criminal background checks on all contractor employees providing child care services under this contract based on fingerprints of contractor employees obtained by a Government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories.
3. Within 30 days after contract award, the contractor and all contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.
4. With written recommendation from the Commander and the approval one level above the Contracting Officer, a contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check.

ATTACHMENT I

PERSONAL QUALIFICATIONS SHEET- GASTROENTOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item XIV. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, copy of BLS - ACLS cards (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or Restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)
(Signature) (Date)

PERSONAL QUALIFICATIONS SHEET – GASTROENTEROLOGIST

I. General Information

Name: _____ SSN: _____

Last	First	Middle
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Address: _____

Phone: () _____

II. Professional Education You must possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG). **(Section D, Item 1):**

Degree from:

(Name and location of the school)

Date of Degree: _____ (mm/dd/yy)

III. **Residency Training.** Completion of a three-year residency in Internal Medicine from an ACGME (Accreditation Council for Graduate Medical Education) accredited training program or board certified by the American Board of Internal Medicine. **(Section D, Item 2)**

(Name & Location)

(Dates)

IV. **Fellowship.** Completion of fellowship in Gastroenterology from an ACGME (Accreditation Council for Graduate Medical Education) accredited training program. (**Section D, Item 3**)

(Name & Location)

(Dates)

V. **Board Certified.** Possess Board Certification in Internal Medicine by either the American Board of Internal Medicine (ABIM) or the American College of Osteopathic Internists (ACOI). Providers who were board certified in Internal Medicine after 1990 do not need to maintain Internal Medicine certification provided you currently possess active board certification by ABIM in the specialty of Gastroenterology. **(Section D, Item 4).**

VI. Board Certified Possess Board Certification in Gastroenterology by either the American Board of Internal Medicine (IBIM) or the American College of Osteopathic Internists (ACOI), if fellowship completed before 1 January 2000. **(Section D. Item 5)**

VII. Professional Licensure (Medical License must be current and valid) (**Section D, Item 6**):

_____ (mm/dd/yy)

State	Date of Expiration
Alabama	12/31/2025
Alaska	12/31/2025
Arizona	12/31/2025
Arkansas	12/31/2025
California	12/31/2025
Colorado	12/31/2025
Connecticut	12/31/2025
Delaware	12/31/2025
Florida	12/31/2025
Georgia	12/31/2025
Hawaii	12/31/2025
Idaho	12/31/2025
Illinois	12/31/2025
Indiana	12/31/2025
Iowa	12/31/2025
Kansas	12/31/2025
Kentucky	12/31/2025
Louisiana	12/31/2025
Maine	12/31/2025
Maryland	12/31/2025
Massachusetts	12/31/2025
Michigan	12/31/2025
Minnesota	12/31/2025
Mississippi	12/31/2025
Missouri	12/31/2025
Montana	12/31/2025
Nebraska	12/31/2025
Nevada	12/31/2025
New Hampshire	12/31/2025
New Jersey	12/31/2025
New Mexico	12/31/2025
New York	12/31/2025
North Carolina	12/31/2025
North Dakota	12/31/2025
Ohio	12/31/2025
Oklahoma	12/31/2025
Oregon	12/31/2025
Pennsylvania	12/31/2025
Rhode Island	12/31/2025
South Carolina	12/31/2025
South Dakota	12/31/2025
Tennessee	12/31/2025
Texas	12/31/2025
Utah	12/31/2025
Vermont	12/31/2025
Virginia	12/31/2025
Washington	12/31/2025
West Virginia	12/31/2025
Wisconsin	12/31/2025
Wyoming	12/31/2025

VIII. Drug Enforcement Agency Number (Section D, Item 9)

____ (mm/dd/yy)
 State Date of Expiration

IX. Continuing Education Courses (Factor for award):

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X. Professional Employment: List your current and preceding employers. Experience must total at least 12 consecutive months immediately preceding contract start. Provide dates as month/year. (Section D, Item 8):

Name and Address of Present Employer **From** **To**

(1) _____

Work Performed: _____

Names and Addresses of Preceding Employers

From **To**
 (2) _____

Work Performed: _____

From **To**
 (2) _____

Work Performed: _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

- XI. Basic Life Support:** Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer. **(Section D, Item 10)**

Training Type listed on Card: _____
Expiration Date: _____ (mm/dd/yy)

- XII. Advanced Cardiac Life Support** certification in American Health Association Advanced Cardiac Life Support (ACLS). **(Section D, Item 11):**

Training Type listed on Card: _____
Expiration Date: _____ (mm/dd/yy)

- XIII. Employment Eligibility (Section D, Item 12):**

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Attachment III?	___	___

- XIV. Professional References (Section D, Item 7):**

Provide three letters of recommendation from two health care professionals attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

- XV.** I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET**PERIOD OF PERFORMANCE**

Services are required from 01 July 2001 through 30 September 2001. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date. Services may also be extended by exercise of Option Periods.

PRICING INFORMATION

- (a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option period. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Gastroenterologist in the Portsmouth, VA area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.
- (b) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.
- (c) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S. C. 1090.

(d) Price Proposal:

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Gastroenterologist at the Navy Medical Center, Portsmouth, VA. in accordance with this Application and the resulting contract.				
0001AA	Base Period: 01 July 01 through 30 Sep 01	520	HRS	\$ _____	\$ _____
0001AB	Option Period I; 1 Oct 01 through 30 Sep 02	2088	HRS	\$ _____	\$ _____
0001AC	Option Period II; 1 Oct 02 through 30 Sep 03	2088	HRS	\$ _____	\$ _____
0001AD	Option Period III; 1 Oct 03 through 30 Sep 04	2096	HRS	\$ _____	\$ _____
0001AE	Option Period IV; 1 Oct 04 through 30 Sep 05	2088	HRS	\$ _____	\$ _____
0001AF	Option Period V: 01 Oct 05 through 30 June 06	1568	HRS	\$ _____	\$ _____

Printed Name _____

Signature _____ Date _____

<p align="center"><i>ATTACHMENT 3</i></p> <p><i>ATTACHMENT 005 - LIST OF ACCEPTABLE DOCUMENTS THAT ESTABLISH IDENTITY AND EMPLOYMENT ELIGIBILITY</i></p>			
<p><i>LIST A</i></p> <p>Documents that Establish Both Identity and Employment Eligibility</p>	<p><i>OR</i></p>	<p><i>LIST B</i></p> <p>Documents that Establish Identity</p>	<p><i>LIST C</i></p> <p>Documents that Establish Employment Eligibility</p>
<ol style="list-style-type: none"> 1. U. S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561) 3. Certificate of Naturalization (INS Form N-550 or N-570) 4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) 6. Unexpired Temporary Resident Card (INS Form I-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. Unexpired Reentry Permit (INS Form I-327) 9. Unexpired Refugee Travel Document (INS Form I-571) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B) 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. U.S. Social Security Card issued by the Social Security Administration (other than a card stating it is not valid for employment) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (INS Form I-197) 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) 7. Unexpired employment authorization document issued by the INS (other than those listed under List A)

ATTACHMENT 4

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

CENTRAL CONTRACTOR REGISTRATION INFORMATION:

Date CCR application was submitted: _____

Assigned DUN & BRADSTREET #: _____

Assigned CAGE Code: _____

ATTACHMENT 5

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____